MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10/626189	FILING DATE						
							APPLICANT(S)							

6/3/05

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/		/				51						
2		1		/			52						
3		1		/			53						
4		1		/			54						
5		1					55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
9		9		9			59						
10		9					60						
11	9						61						
12	1	9					62						
13		9					63						
14		9					64						
15		9					65						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.			16				TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						